Ful Dr. Mai City Ne FEG fed	ME OF COMMITTEE (In Full) litical Action Committee of the Ar Name (Last, First, Middle Initial) Michael L Gordon, , MD lling Address 201 Kings PI wport Beach C ID number of contributing eral political committee.	State CA C Occupation		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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<u>tute</u>		Orthopaedio	: Surgeon	
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Dr.	Full Name (Last, First, Middle Initial) Dr. Scott B Neff, , DO Mailing Address			Date of Receipt
IVIa	Mailing Address 1601 NW 114th St Ste 142			08 22 2008
City		State	Zip Code	Transaction ID: 28502683
	s Moines	IA	50325-7036	Amount of Each Receipt this Period
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	Name (Last, First, Middle Initial) Dennis James Andersen, , MD			Date of Receipt
Mai	Mailing Address 3811 Spring St			08 22 YYYY 2008
City		State	Zip Code	Transaction ID: 28502684
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